



I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

**BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292**

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:  
YOU MUST  
COMPLETE  
THE  
FOLLOWING:  
↓

Full Name of First  
Inventor:  
Insert Name of  
Inventor  
Insert Date This  
Document is Signed

Insert Residence  
Insert Citizenship

Insert Post Office  
Address

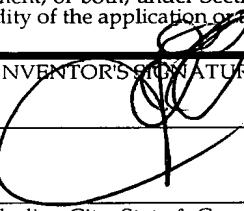
Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

Full Name of Sixth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Joaquim Matias de OLIVEIRA			
Residence (City, State & Country)		CITIZENSHIP	
Guarulhos, SP, Brasil		Brazilian	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
Rua João Ranieri, 150, Bonsucesso 07177-120 Guarulhos, SP, Brasil			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
Rua João Ranieri, 150, Bonsucesso 07177-120 Guarulhos, SP, Brasil			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
Rua João Ranieri, 150, Bonsucesso 07177-120 Guarulhos, SP, Brasil			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
Rua João Ranieri, 150, Bonsucesso 07177-120 Guarulhos, SP, Brasil			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
Rua João Ranieri, 150, Bonsucesso 07177-120 Guarulhos, SP, Brasil			